Name in Full

Certificate of Death

Dorothy Arnold

Town

Bethesda

County

Montgomery

MARYLAND

Died at

Month Day

Sept 19

Y. M. D.

1 2?

Native of

D.C.

Occupation

Date 1904

Age

~~Male~~ Female

White

~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name

Unknown

Mother's Name

Unknown

Cause of Death

Primary

Enterocolitis

Immediate

Exhaustion

How long sick

?

Accident, Suicide, Homicide

Reported by

W. D. Jackson M.D.

Address

5330 - 1 St. N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Joseph Barnes

CERTIFICATE OF DEATH

MARYLAND

Died: Town: New Roadsville — County: Montgomery

Date of death	Month	Day	Years	Months	Days
1904	Sept	3	Age 28	—	—

Sex: Male	Color or Race: Black	Birthplace: Va	
Occupation: Laborer	Where Residing if not at place of death: X		
Married, Single or Widowed: Married	Name of Wife or Husband: Eliza Barnes		

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: X		Father's Birthplace: X	
Mother's Maiden Name: X		Mother's Birthplace: X	
Name of person giving information: William Magruder		How related to deceased: Brother in Law	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ill't — Pulmonary Tuberculosis	How long: 2 yrs	
Immediate: Exhaustion	How long: 2 wks	
Are the name, age, sex, color, date and place correctly given above? X	Signature of Physician: A M Linthicum	
	Address: Rockville Md	
Accident or Suicide?		

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Henry Brooke Beall

Died at Town: Poolesville County: Montgomery MARYLAND

Date 1904 Month: Sept. Day: 27 | Age Y. 38. M. D. | Native of: Md | Occupation: Laborer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name: Wm R. Beall Mother's Maiden Name: E. C. Hurl

Cause of Death: Primary: Pulmonary Tuberculosis — How long sick: 8 months

Immediate

~~Accident, Suicide, Homicide~~

Reported by: B. W. Walling

Address: Poolesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Certificate of Death

Name in Full Artemus Riggs Brown

Died at Town Brighton County Monty. Co. MARYLAND

Date 1894 Month Sept. Day 14 Age Y. 24 M. 6 D. 9 Native of Brighton Occupation Teacher

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living

~~Husband~~ of Wife

Father's Name Wm Brown of J. Mother's Name Elizabeth Brown

Cause of Death: Primary Tuberculosis How long sick 4 years

Immediate Phthisis Pulmonalis Accident, Suicide, Homicide

Reported by Aug Flatter

Address Brighton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full

Certificate of Death

Louis M. K. Browne.

Died at Town: Forest Glen. County: Montgomery MARYLAND

Date 189 1904 Month: 9 Day: 17

Age Y. 54 M. 2 D. 9

Native of Illinois

Occupation gentleman

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

Widow / ~~Widower~~

Divorced

Number of children living

Husband / ~~Wife~~ of Mrs Henry Browne

Father's Name Lincoln Knowlton

Mother's Name Lucretia Wolcott

Cause of Death: Primary Carcinoma — How long sick 4 months

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by George H. Magruder M.D.

Address Forest Glen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65965

Name in Full: David E. Charlton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Block Rock — County: Monty

Date of death: Month: 9 — Day: 20 — 1904 — Age: Years: 75 — Months: 10 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Fredk Co Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John W. Charlton — Father's Birthplace: —

Mother's Maiden Name: Susan Kemp — Mother's Birthplace: —

Name of person giving Information: Usher Charlton — How related to deceased: Bro.

CAUSES OF DEATH

Primary: Chronic Endocarditis — How long: 10 years

Immediate: Cerebral Embolism — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. D. Bourne M. D.

Address: Dawsonville Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Norman Cole

Town

County

Died at Bethesda Montgomery MARYLAND

1904 Month Day Y. M. D. Native of Occupation

Date ~~189~~ Sept 12 Age 3 27 D.C

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death — Primary: Enteritis — How long sick: 2

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by J. B. Jordan M.D.

Address 1330 - I St. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Margary Beatrice Copelen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laytonsville — County: Montgomery

Date of death 1904 — Month: Sept — Day: 1 — Age — Years: — Months: 1 — Days: 18

Sex: Female — Color or Race: Colored — Birthplace: Laytonsville

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Isaac Copelen — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Annie T King — Mother's Birthplace: " "

Name of person giving Information: Isaac Copelen — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Indigestion — How long: 1½ mon

Immediate: Diarrhoea — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V H Dyson

Address: Laytonsville Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full

Certificate of Death

Waller Dorsey

Town: Brookeville County: Montgomery MARYLAND

Died at

Date 1904 Month: Sept. Day: 17 Age: Y. 44 M. D. Native of: Howard Co. md Occupation: Mill business

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / Widower ~~Divorced~~

Number of children living: One

Husband / ~~Wife~~ of: Fannie K. Dorsey

Father's Name: Edmund Dorsey

Mother's Name: Isabel Dorsey

Cause of Death: Primary: Heart Disease — How long sick: about 12 hours.

Immediate: Acute Indigestion

~~Accident, Suicide, Homicide~~

Reported by: Dr. W. F. Green.

Address: Brookeville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 76705

Name in Full: George Carr Ealey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oakdale — County: Montgomery

Date of death: Month: Sept. — Day: 11 — 1904

Age — Years: — Months: Two — Days: —

Sex: Male — Color or Race: White — Birthplace: Montg. Co. Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Walker P. Ealey — Father's Birthplace: Virginia

Mother's Maiden Name: Elizabeth Shaw — Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Walker P. Ealey — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Marasmus and Inanition — How long: Two months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henry Clay Fillebrown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Whites Ferry — County: Montgomery

Date of death: 1904 Month: Sept Day: 5 — Age: Years: — Months: 1 Days: 8

Sex: male — Color or Race: White — Birthplace: Whites Ferry

Occupation: — — Where Residing if not at place of death: Whites Ferry

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Thomas C Fillebrown — Father's Birthplace: Washington

Mother's Maiden Name: Julia Smoot — Mother's Birthplace: Whites Ferry

Name of person giving Imformation: Richard L Gott — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R L Gott

Address: Poolesville Md

Accident or Suicide?

LIBRARY BUREAU A6656

Name in Full: Graham

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Martinsburg; County: Montgomery

Date of death: Month: Sept; Day: 2; 1904

Age: Years: ; Months: 2; Days:

Sex: Boy

Color or Race: Colored

Birthplace: Martinsburg

Occupation: —

Where Residing if not at place of death: Martinsburg

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: Sarah Graham

Mother's Birthplace: Martinsburg

Name of person giving Imformation: Robert Peters

How related to deceased: Grand-father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: One week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R L Gott

Address: Poolesville

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: James H. Harriss

CERTIFICATE

Died at: Town: Potomac — County: Montg — MARYLAND

Date of death 1904: Month: Sept — Day: 27 — Age: Years: 77 — Months: + — Days: +

Sex: Male — Color or Race: White — Birthplace: Montg Co Md

Occupation: Farmer — Where Residing if not at place of death: +

Married, Single or Widowed: married — Name of Wife or Husband: Margaret Harriss

Father's Name: X — Father's Birthplace: +

Mother's Maiden Name: + — Mother's Birthplace: +

Name of person giving Information: Jos' Harriss 4 — How related to deceased: Son –

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Carcinoma — How long: 5 years –

Immediate: Debility — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Pratt.

Address: Potomac Md.

Accident or Suicide? X

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full

Ruth Hill

Certificate of Death

Died at Town: Brinklow County: Montgomery MARYLAND

Date 1914 Month: Sept. Day: 7 | Age Y. 85 M. D. | Native of Md. | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of Reuben D. Hill

Father's Name

Mother's Name Nellie Richardson

Cause of Death: Primary Carcinoma of Abdomen — How long sick 2 years

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Geo. S. Stabler M.D.

Address Brighton. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full: Geo. Henry Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cedarfield; County: Montg

Date of death 1904: Month: Sept.; Day: 19; Age: Years: 0; Months: 0; Days: 1

Sex: Male; Color or Race: Colored; Birthplace: Md.

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Chas. Johnson; Father's Birthplace: Md

Mother's Maiden Name: Margaret Ann Smith; Mother's Birthplace: Md.

Name of person giving Information: Chas. Johnson; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth; How long:

Immediate: Collapse; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. T. Brown

Address: Bunk Mills Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary M. E. Mains

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockville — County: Montgy

Date of death 1904 — Month: 9 — Day: 21 — Age — Years: 82 — Months: 9 — Days: X

Sex: Female — Color or Race: White. amera — Birthplace: D. C.

Occupation: None — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: Isaac R. Mains

Father's Name: Jas. D Greer — Father's Birthplace: Scotland

Mother's Maiden Name: Mary A. Berry — Mother's Birthplace: Va

Name of person giving In formation: Miss Bennett — How related to deceased: Grand daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long: 4 or 5 yrs

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. M Linthicum

Address: Rockville Md

Accident or Suicide? no

LIBRARY BUREAU A88518

Name in Full: Celia A Mathews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edmonston County: Monty

Date of death: Month: Sept Day: 29 Years: 1904 Age: Months: 7 Days:

Sex: Female Color or Race: Black Birthplace: Edmonston Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Mathews Father's Birthplace: Spencerville

Mother's Maiden Name: Bertha Johnson Mother's Birthplace: Spencerville Md

Name of person giving In formation: William Mathews How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colic How long: one day

Immediate: Convulsions How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Batson

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Henry August Nagle

Died at Bethesda (Town) Montgomery (County) MARYLAND

Date 1904 Sept 13 (Month Day) Age Y. 1 M. 27 D. Native of DC Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living ~~—~~

Husband of
Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death — Primary: Marasmus

Immediate: Exhaustion

How long sick ?

Accident, Suicide, Homicide

Reported by J. B. Guanan M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full: Henry Noland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville; County: Montgomery

Date of death: Month: Sept; Day: 22; 1904

Age: Years: 66; Months: ; Days:

Sex: Male

Color or Race: Negro

Birthplace: Poolesville

Occupation: Laborer

Where Residing if not at place of death: Poolesville Md

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife~~ or Husband: Esther Deville

Father's Name: John H Noland

Father's Birthplace: Poolesville

Mother's Maiden Name: Mary Hall

Mother's Birthplace: Poolesville

Name of person giving Imformation: Frank Noland

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthma

How long: One year

Immediate: —

How long: One week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. Gott

Address: Poolesville

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Frances Course

Town

County

Died at Bethesda Montgomery MARYLAND

Month Day Y. M. D. Nat[illegible] of Occupation

Date 1904 Sept 19 Age 6 7

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Gastro Enteritis — How long sick ?

Immediate Exhaustion

Accident, Suicide, Homicide

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Reported by J. B. Duncan M.D.

Address 1330 I St. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Annie Scott

Died at Town: Blane County: Montgomery MARYLAND

Date 1904 Month 9 Day 19 | Age Y. 30 M. D. | Native of Md. | Occupation Home-wife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Isaac Scott

Father's Name Cyrus Hall Mother's Name Emma Hall

Cause of Death: Primary Heart Disease — How long sick four months

Immediate Acute Indigestion

~~Accident, Suicide, Homicide~~

Reported by John L. Lewis M.D.

Address Bethesda Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full: Julia Ellen Shekan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattstown — County: Montgomery

Date of death: 1904 — Month: Sept — Day: 24 — Age: Years 38 — Months — Days

Sex: Female — Color or Race: White — Birthplace: U.S.

Occupation: Housewife — Where Residing if not at place of death: Myc

Married, Single or Widowed: Married — Name of Wife or Husband: D. M. Shekan

Father's Name: David Shea — Father's Birthplace: Ireland

Mother's Maiden Name: Katherine Callahan — Mother's Birthplace: Ireland

Name of person giving information: D M Shekan — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Dis of Heart — How long: Several yrs

Immediate: Acute Gastritis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Fisher

Address: Hyattstown Md

Accident or Suicide? No

LIBRARY BUREAU A66610

Name in Full

Certificate of Death

William Albert Stephens

Town

County

Died at Bethesda Montgomery MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1904 Sept 22 Age 31 DC

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Gastro enteritis — How long sick ?

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by W B Jameson M.D.

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Harriet Ann Thornton

Certificate of Death

Town: Brookeville County: Montgomery MARYLAND

Died at

Date 1964 Month Sept. Day 6 | Age Y. 21 M. - D. - | Native of Monty. Co. | Occupation Cook

~~Male~~ / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / Single / ~~Widower~~ / Number of children living two

Husband of —

Wife

Father's Name Beverly Thornton

Mother's Name Elizabeth Thornton

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: about one year

Immediate: Asthenic

~~Accident, Suicide, Homicide.~~

Reported by Dr. W. F. Green

Address Brookeville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edwards Ferry; County: Montgomery

Date of death: Month: Sept; Day: 15; Year: 1904; Age: Years: 26; Months: ; Days:

Sex: Male; Color or Race: Negro; Birthplace:

Occupation: Boatman; Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Coroner's Jury

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Found in C & O Canal

How long:

Immediate: Verdict of Jury - Accidental Drowning

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Richard P. Lee

Address: Poolesville Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Caleb P Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town, Spencerville — County, Montg

Date of death: Month, 4th — Day, 22 — 1904

Age: Years — Months, 7 — Days

Sex: Male — Color or Race: Black — Birthplace: Spencerville

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Asbury Williams — Father's Birthplace: Md

Mother's Maiden Name: Mary J Munson — Mother's Birthplace: Md

Name of person giving In formation: Asbury Williams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 2 hours

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J R Bratton

Address: Spencerville Md

Accident or Suicide? No

LIBRARY BUREAU A88316